

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
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39				/		
40			/			
41				/		
42			/			
43				/		
44				/		
45				/		
46				/		
47						
48						
49						
50						
Total Indep	6		9			
Total Depend	12		18			
Total Claims	18		27			